

Request for Expedited Exemption

Please use this form when submitting a request for expedited exemption from the requirements of the DMHC’s General Licensure regulation (28 Cal. Code Regs. § 1300.49). You may use the form to submit a request on behalf of your entity or on behalf of other parties to your contract (e.g., a hospital submitting the contracts of the provider groups with whom it contracts). You may use this form to submit multiple contracts in one submission.

Please submit this form and the contract (or contracts) for global risk to the DMHC via email at OPLInquiries@dmhc.ca.gov or via mail at ATTN: Risk Regulation Exemption Request, Department of Managed Health Care, Office of Plan Licensing, 980 9th Street, 5th Floor, Sacramento, CA 95814.

Item	Information Requested
Name of Entity submitting the contracts. Please provide the Entity’s legal name and any DBAs.	
Entity’s mailing address	
Whom should the DMHC contact with questions about the request for expedited exemption?	Name: Phone #: Email:
The Entity submitting the contract/contracts is [Check one]:	<input type="checkbox"/> A Risk Bearing Organization (RBO) registered with the DMHC <input type="checkbox"/> A provider or provider group not registered with the DMHC <input type="checkbox"/> A hospital or hospital system <input type="checkbox"/> Other [Please describe]:

<p>Is a DMHC-licensed health plan a party to the contract/contracts?</p>	<p>Yes</p> <p>No</p> <p>If yes, name of plan/plans:</p>
<p>Is the Entity submitting the contract/contracts on its own behalf and/or on behalf of other parties to the contract/contracts?</p>	<p>On its own behalf</p> <p>On behalf of other parties</p> <p>Both on its own behalf and on behalf of other parties</p>
<p>If the Entity is submitting contracts on behalf of other parties to the contract please:</p> <ul style="list-style-type: none"> •list the names of the other parties on whose behalf the Entity is submitting the contract; and, •for each party identify the entity type (e.g., hospital, RBO, provider group) 	<p>Names of other party/parties to the contract:</p> <p>Type:</p> <p>RBO registered with the DMHC</p> <p>Provider/provider group not registered with the DMHC</p> <p>Hospital/hospital system</p> <p>Other [Please describe]:</p> <p>[Attach additional pages as necessary]</p>
<p>For each contract submitted, identify the pages where the risk arrangement is described.</p>	<p>Contract between (identify the parties to the contract):</p> <p>The risk arrangements are described on pages of the contract:</p> <p>[Attach additional pages as necessary]</p>
<p>Are you seeking confidential treatment for any of the contract/contracts or any portion of the contract/contracts (e.g., compensation rates)?</p>	<p>Yes</p> <p>No</p> <p>If yes, on a separate page or on the form created by the DMHC please provide the duration of confidentiality requested and the justification for confidential treatment.</p>